

IV

MEETING OF THE SCOTTISH DIVISION OF THE
M.S.S.V.D., OCTOBER 21ST, 1936, held at the Royal
Infirmary, Edinburgh.

CASE OF CHARCOT'S DISEASE OF BOTH KNEE JOINTS

MISS M. MURRELL, M.B., F.R.C.S.

FEMALE, æt. 46. Married (para. 5).
First pregnancy. A few weeks' miscarriage.
Second pregnancy. Seven months' baby. Only lived
a few days.
Third pregnancy. Six to eight weeks' miscarriage.
Fourth pregnancy. Six to eight weeks' miscarriage.
Fifth pregnancy. Boy, healthy and alive.

PREVIOUS HISTORY AND TREATMENT

Seen at Bruntsfield Hospital in 1932, complaining of swelling and pain in the left knee. Tabes dorsalis was diagnosed and X-ray showed that it was due to Charcot's disease of the joint. Patient was unable to walk or work as the knee gave way under her. She was given poroplastic support for the knee.

Blood Wassermann reaction strongly positive (1932).

Cerebrospinal Fluid : Cell count 5 per c.mm.

Globulin slight increase.

Wassermann negative.

Gold Sol Test 1221000000.

Blood Wassermann (1934) : Very weak or doubtful positive.

Anti-syphilitic Treatment : Neo-arsphenamine 3.6 gm.

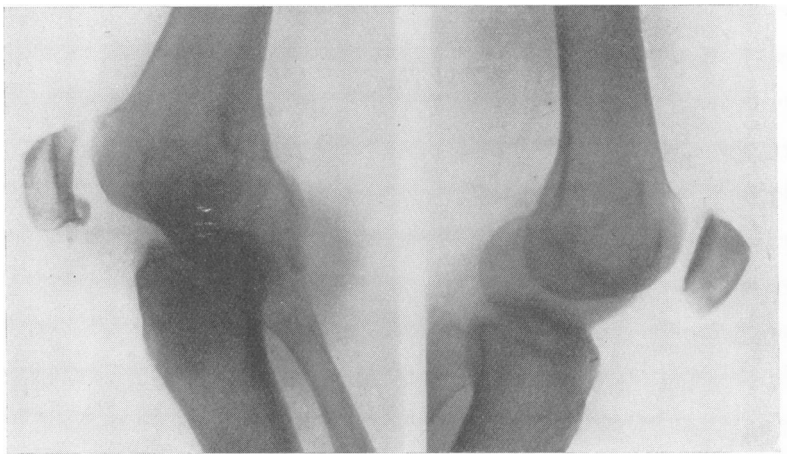
Tryparsamide 25 gm.

Bismuth metal 4.35 gm.

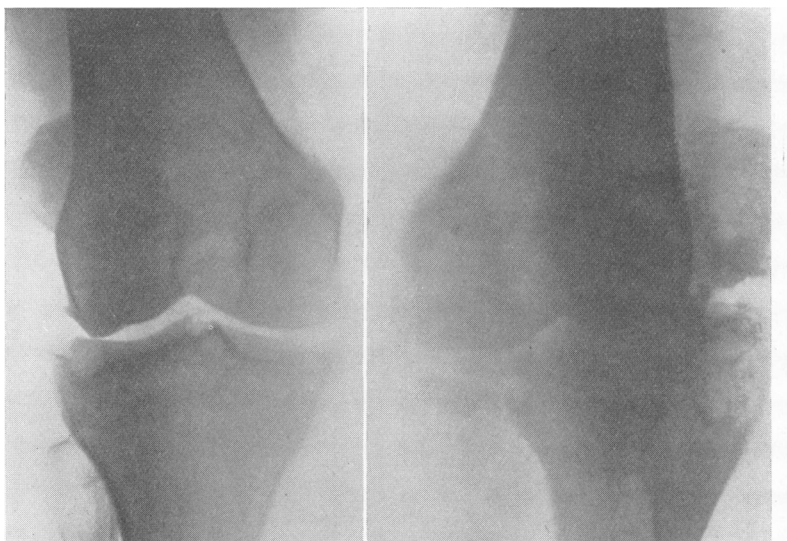
Patient very irregular attender as she lived in the country. She was riding a bicycle six miles each day to and from work.

Defaulted from treatment during 1934.

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Showing sclerosis of bone, lipping, particularly marked on patella, and small portion of free bone below patella on right knee joint. (X-rays taken in 1932 at Mountfield Hospital.)



Shows marked destruction and displacement of bones of knee joint, with multiple pieces of free bone. The right knee joint shows an early stage of the disease, with areas of rarefaction and of sclerosis of bone, lipping and separation of joint surfaces. (X-rays taken Oct., 1936.)

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EXAMINATION, OCTOBER, 1936

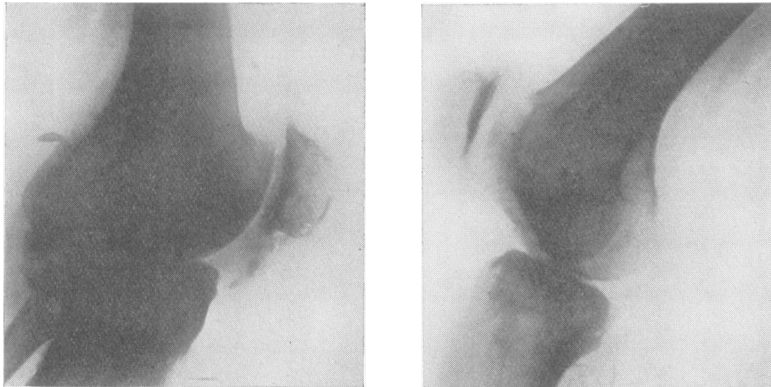
Reported to Royal Infirmary with both knees affected. Blood Wassermann reaction. Very weak or doubtful positive.

Cerebrospinal Fluid :

Cell count	25 per c.mm.
Globulin	Not increased.
Wassermann	Negative.
Protein	35 m.g. per cent.

Clinical Condition.—Charcot's disease, both knees.

Healthy-looking woman. Pupils equal and regular, no reaction to light, sluggish to accommodation. Knee jerks could not be elicited on account of condition of



joints. Babinski positive both feet. No other signs or symptoms. It is interesting to note the remarkable degree of improvement in this patient's condition after treatment, and the severe relapse when treatment was interrupted, both knees being affected now.

Radiographs show the condition of the knees in 1932 and 1936.

CASES SHOWN BY DR. N. A. M. MACKINNON, M.B.,
CH.B., D.P.H.

INTERSTITIAL KERATITIS

Case 1.—Male, æt. 34, probably suffering from acquired syphilis. Reported on October 2nd, 1936, with an acute interstitial keratitis of the right eye, which was intensely

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congested and showed a large corneal opacity in front of pupil. Further clinical examination revealed a small scar on the glans penis.

Wassermann reaction and Sachs Georgi reaction negative, and also negative after a provocative injection of Neo-arsphenamine. No evidence of tuberculosis.

PREVIOUS HISTORY

Family history, satisfactory.

Patient at age of 6 attended Eye Department with "inflamed eyes" along with his two brothers. The condition cleared up in two weeks' time.

In 1921, patient reported with a swollen and oedematous foreskin, with a small abrasion on glans penis. Serological investigation proved negative over a period of four weeks.

Patient then defaulted.

REMARKS

In spite of negative serological findings the patient has been put on treatment with Neokharsivan and Neo-Cardyl and the eye is definitely improving.

This appears to be a case of interstitial keratitis in a male, æt. 34, probably suffering from acquired syphilis, but with a negative blood Wassermann reaction. Further investigation to exclude tuberculosis is being carried out.

Case 2.—Case of "Telescopic Vision," caused by syphilitic primary optic atrophy, or toxic amblyopia due to Tryparsamide.

Male, æt 52. Early tabes dorsalis diagnosed November 27th, 1933.

Blood Wassermann reaction, weak positive.

Cerebrospinal Fluid :—

Cell count	.	.	.	1 per c.mm.
Globulin	.	.	.	Not increased.
Wassermann	.	.	.	Strong positive.
Gold Sol Test	.	.	.	1232210000.

Pupils then gave Argyll-Robertson reactions. Optic discs and fields of vision normal. Deep reflexes present. Incontinence of urine present. No cardio-vascular disease present.

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Treatment. November 27th, 1933, to June 8th, 1935.

Neo-arsphenamine (I.V.)	.	2.25 gm.
Tryparsamide (I.V.)	.	6.0 gm.
Bismuth (I.M.)	.	12.0 gm.

Blood Wassermann reaction, June 8th, 1935, weak positive.

Cerebrospinal Fluid, June 15th, 1935 :—

Cell count	.	1 per c.mm.
Globulin	.	Not increased.
Wassermann	.	Weak positive.
Gold Sol Test	.	0011000000.

Treatment from June 28th, 1935, to September 1st, 1936 :—

Biarsamide (I.M.)	.	110 c.c.
Tryparsamide (I.V.)	.	6 gm.
Bismuth (I.M.)	.	4.35 gm.

In July, 1936, complained of dimness of vision and the ophthalmologist reported as follows :—

“He has approximately full vision in both eyes, although he is illiterate and difficult to test. The right disc is normal and there is no loss of field to hand movements. He shows some loss of field in the left eye in the form of a sector defect, but there is no definite pallor of the disc. Accurate charting of the fields is impossible, owing to the poor mental state of the patient. There does not appear to be any contra-indication to Tryparsamide treatment.”

Tryparsamide treatment continued, 1 gm. per week and 3 c.c. Neo-Cardyl for five weeks.

Serious loss of vision was then complained of by patient, and on September 4th, 1936, patient was found to have pronounced restriction of fields of vision of each eye, so that patient had the sensation of “Telescopic Vision.” Objects directly in front of each eye were seen clearly, but vision was restricted to two such narrow circles—a bilateral concentric diminution of the visual fields. Neurological examination suggested bilateral posterior cerebral artery thrombosis.

Tryparsamide treatment was stopped, iodides were given orally, and sodium thio-sulphate was injected

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daily for one week and vision improved gradually. Patient was examined by the ophthalmologist, who reported :—

“ Patient was found on September 13th to have what is known as telescopic vision, his fields being reduced to a very narrow circle round the fixation spot. This appeared to have come on suddenly, and at first it was considered that this was due to thrombosis of both posterior cerebral arteries. However, he is improving rapidly and we must, therefore, presume that this is more in the nature of a toxic condition similar to the field loss seen after quinine poisoning. Dr. Cameron has seen him with me as he is a case of considerable interest, and Dr. Cameron suggests that, if you agree, it might be advisable to interrupt his treatment in the meantime.”

COMMENTARY

The case illustrates failure of vision coming on rapidly in both eyes, producing the effect of “ Telescopic Vision.” This may be produced by bilateral posterior cerebral artery thrombosis, by syphilitic primary optic atrophy, or by amblyopia following injections of Tryparsamide. This case is probably an example of the latter, as recovery has occurred on cessation of injections of Tryparsamide. The progress of the atrophy was unduly rapid and bilaterally equal for primary optic atrophy, and the degree of recovery recorded is incompatible with this diagnosis. Other drugs such as quinine have been excluded.

The prognosis is doubtful, but the degree of recovery already observed makes it hopeful that sufficient vision will be restored to enable the patient to follow his occupation as a farm labourer.

As the patient is illiterate it is difficult to produce accurate perimetric charts.

An unusual feature of the case is that the patient during 1933–35 tolerated 68 gm. of Tryparsamide without optic damage, but in 1936 small doses (1 gm. per week) produced serious toxic amblyopia.

We acknowledge the invaluable assistance of Dr. E. H. Cameron and his staff, who have examined and kept records of the vision of this patient.

THE MEDICAL SOCIETY FOR THE
STUDY OF VENEREAL DISEASES

SCOTTISH DIVISION

A MEETING was held on October 30th, 1935, in the Royal Infirmary, Edinburgh.

A demonstration of cases was given, illustrative of the Complications of Tabes Dorsalis. The patients shown illustrated Tabo-paresis, severe urinary infection and retention of urine, severe ataxia, gastric crises, and cardiovascular lesions. The cases were demonstrated by Dr. Batchelor, Dr. Lees and Dr. W. McFarlane.

At a meeting held at Black Street Clinic, Glasgow, on December 4th, 1935 the following cases were demonstrated :—

Case 1.—Male, suffering from venereal warts.

Case demonstrated by Dr. Ferguson Smith. The condition was very extensive, and some areas suggested malignant neoplasm. The relationship of this condition to cancer and methods of treatment of the individual patient were discussed.

Case 2.—Skin eruption of obscure etiology.

Case demonstrated by Dr. Sloan Smith.

Case 3.—Case of congenital syphilis. Female æt. 18.

Case demonstrated by Dr. McCluskie. In this patient there were severe endocrine disturbances. The girl had suffered from severe subthyroidism and anæmia. Under anti-syphilitic treatment, and appropriate medical treatment, including large doses of thyroid, in eighteen months the girl gained 2 stones in weight and 12 inches in stature.

Case 4.—Case of general paralysis of the insane.

Case demonstrated by Dr. McCluskie. Male patient aged 60 had previously been treated by malaria, try-parsamide and bismuth. The patient still suffered from epileptic seizures and "sensory spasms," but his mental state was fairly clear and he was able to live at home and go about without supervision.

Case 5.—Case of syphilis in a woman aged 25 who presented a syphilitic rash of the papulo-squamous type, with a widespread distribution and assuming a condylo-matous form in the perineum. While under anti-syphilitic

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treatment, first with neoarsphenamine and later with bismuth, the patient developed ulcers on the leg, of a gummatous type which were present at the time the patient was demonstrated. Wassermann reaction (strongly positive). Both the generalised eruption and gummatous ulcers had not been affected favourably by anti-syphilitic treatment. The case presented a very difficult problem in therapeutics.

Dr. Kellock gave a brief survey of a large series of cases of gonococcal arthritis which he had treated with *Gonococcus* endotoxin (Parke Davis & Co.). No other treatment had been given to these patients except rest in bed, and Dr. Kellock stated that his results had proved very satisfactory.

A meeting was held in the Royal Infirmary, Edinburgh, February 5th, 1936.

A discussion on the value of vaccines in the treatment of gonorrhœa was entered into, and the preliminary reports on trials with different preparations administered by different methods was submitted. The report included observations on cases treated by the following :—

Detoxicated *gonococcus* vaccine (Genatosan), subcutaneously.

Detoxicated *gonococcus* vaccine (Genatosan) intracutaneously.

Dissolved vaccine (Glaxo) subcutaneously.

Dissolved vaccine (Glaxo) intracutaneously.

Gonococcus toxin (Parke Davis) intracutaneously.

The cases had been studied from the point of view of the incidence of major complications, and the total duration of the disease, and it was found that none of the above preparations or methods had showed outstanding superiority, but a rapid resolution of symptoms and signs in 20 per cent. of acute cases had been observed when dissolved vaccine was given intracutaneously.

Dr. McGregor Robertson stated that he found gonococcal vaccine of no value in acute gonorrhœa, but it was of value in cases of arthritis and iritis. He had also valuable results with vaccine in cases of gonococcal septicæmia. Dr. Kellock elaborated his views on gonococcal arthritis treated by soluble *gonococcus* vaccine (Corbus Ferry), and he also discussed the value of the blood sedimentation rate in gonococcal arthritis. He

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found that the rate remained high for some time after treatment was completed.

Dr. Rhodes discussed the possibility of a control of vaccine treatment by the use of the Complement-Fixation Test.

A meeting was held at Glasgow on March 11th, 1936.

An address was given by Dr. Snodgrass summarising some of his observations on a series of cases of Syphilis treated by him during the years 1919-31. This series of cases had all been treated by one person, using one fixed system of treatment, so that results were comparable.

Very interesting conclusions were reached regarding the importance of the first course of treatment, the minimum amount of treatment required in a specified period of time, and the fate of cases that relapsed either clinically or serologically.

DR. NORAH WATTIE

DR. NORAH WATTIE acted as Honorary Secretary of the Scottish Division of the M.S.S.V.D. from October, 1928, to October, 1935.

During this period Dr. Wattie has shown unfailing energy and enthusiasm for the welfare of the Society, and she has been responsible, in great part, for its success. The organisation of the meetings was always successful, and Dr. Wattie has secured the most friendly relations between members of the Scottish Division. She secured the services of many notable speakers, and the subjects dealt with at meetings have shown variety and have been of the widest interest.

Dr. Wattie is still a very active and enthusiastic member of the Society, and, although her work is no longer so directly related to venereal diseases, the meetings held in Glasgow represent her power of successful organisation.